

563 571  
 45  
 12/15  
 12/18

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Det -	10/ 571	11/12/14/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
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102	7-11-03
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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